U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3086

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | | | 1 / 1 / | 2004 Through: | 12 / 31 | AMACLICA 21 11 11 11 |
|--|--|---|--|--|--------------------------------------|--|
| 3. Name and address of person filing. | | | Name, file number, and address of labor organization. | | | |
| Name | Grover | K Thomas | Name Asbestos Wor | kers AFL-CIO | | |
| | | | Labor Organization File Nu | umber 031-763 | B | |
| P.O. Box, Bldg., Room No., if any P. O. Box 1297 | | | P.O. Box, Building and Ro | oom Number, if any | Suite 232 | \$4.55.29.00 to 10 |
| Street | 3760 Miller Bot | tom Rd | Street 374 Maynard | Terrace SE | | www.packachamanananananananananananananananananana |
| City | Loganville | | City Atlanta | | | |
| State | Georgia | ZIP Code + 4 30052 | State Georgia | | ZIP Code + 4 | 30316-1771 |
| 5. Posit | ion in labor organization. | Business Manager | | | | |
| A. Held | d an interest in, engaged | in transactions (including loans) with. | or derived income or other eco | onomic benefit of | | |
| Ent | er appropriate data below l | f, during the past fiscal year, you or your s (except as specified in the ex | pouse or minor child directly or ir clusions set forth in the instructio | ndirectly had any of ons): | f the following in | nterests |
| A. Helo moneta | d an interest in, engaged ary value from an emplo | in transactions (including loans) with, α byer whose employees your organizations. | ation represents or is actively | seeking to repre | sent. | |
| moneta | ary value from an employer and address of Employer | oyer whose employees your organization (including trade name, if any). | or derived income or other eco ation represents or is actively 7.a. Nature of Interest, Trans | seeking to repre | sent. | VOICEMENT OR I. I. I. I. I. I. I I I I I I I I I I |
| 6. Name | ary value from an emplore and address of Employer | oyer whose employees your organization (including trade name, if any). | ation represents or is actively | seeking to repre | sent. | ACC MARKET MARKE |
| 6. Name Name Trade | e and address of Employer Name, if any: | oyer whose employees your organized (including trade name, if any). | ation represents or is actively | seeking to repre | sent. | de de versante de la constante |
| 6. Name Name Trade | ary value from an emplo e and address of Employer | oyer whose employees your organized (including trade name, if any). | ation represents or is actively | seeking to repre | sent. | |
| 6. Name Name Trade | e and address of Employer Name, if any: Box, Bldg., Room No., if an | oyer whose employees your organized (including trade name, if any). | 7.a. Nature of Interest, Trans | seeking to repre | sent. | |
| 6. Name Name Trade | e and address of Employer Name, if any: Box, Bldg., Room No., if an | oyer whose employees your organized (including trade name, if any). | 7.a. Nature of Interest, Trans | seeking to repre | sent. | |
| 6. Name Name Trade P.O. E | e and address of Employer Name, if any: Box, Bldg., Room No., if an | oyer whose employees your organized (including trade name, if any). | 7.a. Nature of Interest, Trans | seeking to repre | sent. | All the second s |
| Moneta 6. Name Name Trade P.O. E Street City State | e and address of Employer Name, if any: Box, Bldg., Room No., if an | y ZIP Code + 4 Si | 7.a. Nature of Interest, Trans 7.b. Amount. | y seeking to represent to repre | | A A A A A A A A A A A A A A A A A A A |
| Moneta 6. Name Name Trade P.O. B Street City State | ary value from an employer e and address of Employer Name, if any: Box, Bldg., Room No., if an ignature and verification, itted in this report (includin | y ZIP Code + 4 | 7.a. Nature of Interest, Trans 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable paralying documents), has been example anying documents. | enalties of the law, | that all of the in | |
| Moneta 6. Name Name Trade P.O. E Street City State | e and address of Employer Name, if any: Box, Bldg., Room No., if and ignature and verification. itted in this report (including reigned's knowledge and because of the same of the sam | ZIP Code + 4 Si The undersigned declares, under penalty g the information contained in any accompa | 7.a. Nature of Interest, Trans 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable paralying documents), has been example anying documents. | enalties of the law, | that all of the intory and is, to th | |

| Name of Person Filing Grover Thomas | File Number U - 3086 | | | | | |
|--|--|--|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or lirectly to, or otherwise | | | | | |
| 8. Name and address of Business (including trade name, if any). Name Carday Associates, Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 4600 Powder Mill Road City Beltsville State Maryland ZIP Code + 4 20705 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | | | |
| Name The National Asbestos Workers Medical Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 | Trustee of Medical insurance fund of Union Members | | | | | |
| Street 4600 Powder Mill Road | 11.b. Approximate dollar value of such dealing. | | | | | |
| City Beltsville | 12.a. Nature of interest held or income received. | | | | | |
| State Maryland ZIP Code + 4 20705 | Travel and expense reimbursements | | | | | |
| | 12.b. Amount. \$4,980 | | | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | | | | |
| (including trade name, if any). | | | | | | |
| Manuel Commission of the Commi | | | | | | |
| Trade Name, if any: | | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | | |
| Street | | | | | | |
| City | | | | | | |
| State ZIP Code + 4 | THE RESERVE OF THE PROPERTY OF | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | | |